FILING DATE SERIAL NO "-MULTIPLE D. NDENT CLAI FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) NDENT CLAIM APPLICANT(S) CLAIMS AFTER AFTER
1: AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. DEP. DEP. . IND. DEP. IND: IND. DEP. IND. DEP. IND. ٤. -59. ÷ 63] 12. .63 - 19 .71 24 / 75, . 28 78 1 . 33 . 37 \*\*\* . 43 \* 49 TOTAL TOTAL IND. TOTAL DEP: TOTAL 學是

\*NAY BE USED FOR ADDITIONAL CLAIMS & AMENDMENTS

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